AN IMPROVED METHOD

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Radical Cure of Femoral Hernia.

By H. W. CUSHING, M.D.,

Surgeon to Out-Patients at the Boston City, and Carney Hospitals, and Assistant Surgeon to the Children's Hospital.

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AN IMPROVED METHOD FOR THE RADICAL CURE OF FEMORAL HERNIA.

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My patient was a boy, æt. twelve, the victim of a left irreducible femoral hernia of four years duration, a case in which a radical cure was especially indicated and desirable. How was this result to be obtained?

A review of the literature of this subject (as thorough as possible with the time at my disposal) yielded little satisfactory information. Descriptions of the technique for inguinal herniæ are readily found, but the subject of the femoral variety is usually, except perhaps by Wood,[1] treated in too concise a manner to be of much value. Even Macewen, whose classical description of his operation for inguinal hernia is so wonderfully clear as to leave no possibility for doubt in regard to the details of his method, dismisses the crural lesion in a most unsatisfactory way, stating[2] that he had employed the principle of forming with the sac an intra-abdominal pad in sixteen cases. That in cases where the vitality of the intestine was doubtful it was not performed; and also in a number of cases where firm adhesions of the sac, especially to the femoral vein, rendered it impossible.

[1] Brit. Med. Jour., June 27, 1885, p. 1280.
[2] Brit. Med. Jour., Dec. 10, 1887, p. 1263.

Such statements are not of much practical value to one about to operate on such a case as above described.

I solved the problem for myself as follows; and although too soon to make any positive statement in regard to the ultimate success of such a procedure, its immediate result is all that can be desired.

Operation, May 14, 1888. Anæsthetic, ether. A straight incision (Fig. 1), extending from Poupart's ligament over the crural ring to just below the saphenous opening, and dividing the superficial tissues, exposed the sac; which, when examined through an exploratory incision, proved to contain omentum. The sac itself was adherent to the edge of the saph-

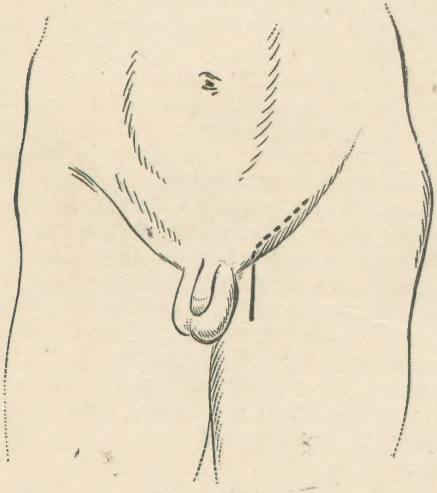

FIG. 1.

enous opening, especially along its upper border, where its attachment was quite firm. The usual manipulation of the sac failed to separate it. In order to overcome this complication, I decided to explore the sac from above. Therefore the upper end of the incision was prolonged outwards parallel to and one half inch above Poupart's ligament (Fig. 1, dotted line) making the total length of the operative wound three inches. By dissecting through the subjacent tissues between the spermatic cord and the outer pillar of the external abdominal ring, the sac was exposed as it entered the crural ring. It could then be freed from within outwards, by gentle traction, manipulation and dissection; and after

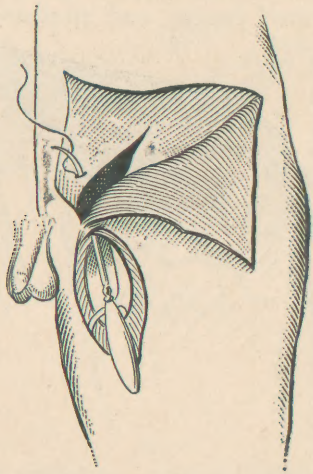

FIG. 2.

division of the adhesions to the saphenous opening became perfectly reducible, leaving the femoral vein exposed throughout this entire distance. The sac was now opened, and with scissors and scalpel, the omental adhesions to its inner surface were with considerable difficulty divided. The omental mass, measuring two inches by one and one-half by one and one-half, was then ligated, cut away, its stump pushed back into the peritoneal cavity, leaving the sac resting free and empty in the crural ring. A continuous suture closed the sac, which was then folded on itself and fixed within the abdomen à la Macewen. The suture effecting this reduction passed through the crural canal and upwards to the surface through the transversalis fascia, conjoined tendon, and aponeurosis of the

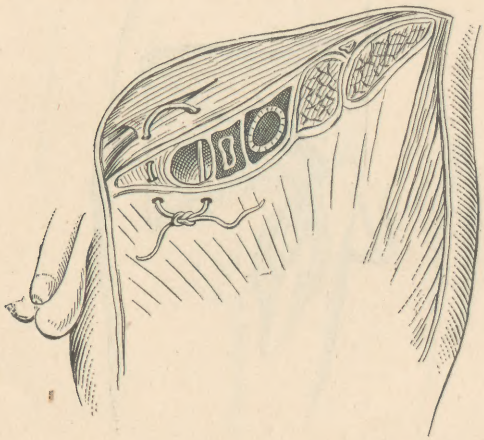

FIG. 3.

external oblique (Fig. 2). The crural ring was next closed by suturing Poupart's ligament with a "quilted suture" to the pubic portion of the fascia lata and the fascia covering the pectineus muscle, the femoral vein being protected with a retractor, (Fig. 3). When secured, the opening apparently became impervious, the folded sac forming a pad which was firmly fixed against the internal opening of the crural canal, while the suture tightly closed the external aperture. The pubic and iliac portions of the fascia lata forming the margins of the saphenous opening were next sutured in a manner similar to that by which Macewen causes the external pillar to overlap the conjoined tendon in the inguinal operation (Fig. 4). Operation wound

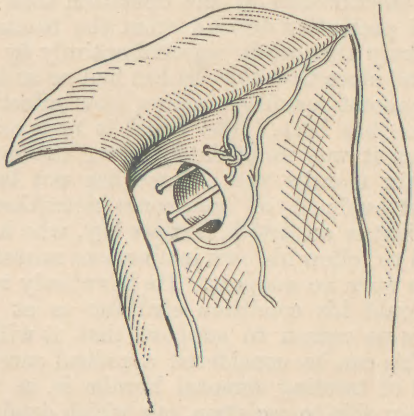

FIG. 4.

closed. No drainage. Aseptic dressing. All sutures and ligatures aseptic silk.

The patient remained in bed two weeks, and with the exception of a slight attack of tonsillitis on the ninth day, his condition was practically normal during this period. On the twelfth day following the operation the wound was dressed for the first time. A narrow red line alone marked the seat of the operation. Dressing dry, slightly stained on its inner surface at point of contact with the wound. Complete union by "first intention." An indurated mass could be felt just above Poupart's ligament, at the point where the sac had been secured. No tenderness. For the next four to five weeks a pad and bandage was worn, but its value was doubtful, and I think, from the careless manner in which it was applied, that the non-recurrence was more due to the effectiveness of the operation than to any especial protection derived from the bandage. It was shortly afterwards rejected entirely by the patient, and since that time he has had no support.

His present condition shows how effective the operation has been. The canal is now as firmly closed as it was immediately after the operation nearly six months ago. There has not been the slightest evidence of recurrence notwithstanding the patient is an active, restless boy, who has been allowed to follow his own inclinations unrestrained, and has worn no support. He is entirely relieved, and should his condition continue as at present (there is no reason to suppose that it will not) I think this can be considered a radical cure. This method of treating femoral herniæ is, as far as I have been able to ascertain, one which combines all the advantages of the "Macewen pad" with the additional security of an effective closure of the superficial structures.